Company Tracking Number: FPS4502CAR1 (02/08)

TOI: CR04G Group Credit - Life Sub-TOI: CR04G.003 Single Premium

Product Name: Single Premium Group Credit Life and Disabilty Insurance Program

Project Name/Number: /

Filing at a Glance

Company: American Heritage Life Insurance Company

Product Name: Single Premium Group Credit SERFF Tr Num: ALST-125818114 State: ArkansasLH

Life and Disabilty Insurance Program

TOI: CR04G Group Credit - Life SERFF Status: Closed State Tr Num: 40266

Sub-TOI: CR04G.003 Single Premium Co Tr Num: FPS4502CAR1 (02/08) State Status: Approved-Closed

Filing Type: Form Co Status: Reviewer(s): Linda Bird

Authors: Dawn Ronan, Michele

Sturgeon

Date Submitted: 09/16/2008 Disposition Status: Approved

Disposition Date: 09/19/2008

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:

Explanation for Combination/Other: Market Type: Group

Submission Type: Group Market Size: Small and Large

Overall Rate Impact: Group Market Type: Other

Filing Status Changed: 09/19/2008

State Status Changed: 09/19/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

American Heritage Life Insurance Company hereby submits for review and approval the above captioned form. This Application is new and is not intended to replace any previously approved form. It will be used in conjunction with the program approved by your Department on March 5, 2008, under State Tracking Number 3271, submitted via SERFF.

The forms in this program will be utilized with ARGA1 (02/08), Arkansas Guaranty Association Notice, also included for your review

Company Tracking Number: FPS4502CAR1 (02/08)

TOI: CR04G Group Credit - Life Sub-TOI: CR04G.003 Single Premium

Product Name: Single Premium Group Credit Life and Disabilty Insurance Program

Project Name/Number:

We have bracketed the different diseases and maladies of the Application as we may choose from time to time, and depending on the Creditor, not to include each disease or malady for a particular Creditor account. In no event would we include diseases or maladies not approved by your state.

Unless otherwise advised by your Department, we may vary the layout of the Insurance information in the Schedule subsequent to your Department's formal approval. These changes may become necessary in order to accommodate the data processing system of the Creditor. Sections within brackets are variable and may change according to the agreement with the Creditor Policyholder. However, they will never be more restrictive to the Insured than allowed by law.

These forms may be utilized in either an electronic or paper format. The forms will be printed individually if electronic, or either front and back or individually if paper. The font style may change to accommodate the various platform systems. If used in an electronic format, you have our assurance that appropriate security standards will be implemented to prohibit alteration of the forms.

Any logo, officer signature or Home Office address and telephone number that appears on these forms is subject to change.

Company and Contact

Filing Contact Information

Michele Sturgeon, Compliance Analyst Michele.Sturgeon@allstate.com

ATTN: Legal/Compliance (904) 992-1776 [Phone] Jacksonville, FL 32224-9983 (904) 992-2975[FAX]

Filing Company Information

American Heritage Life Insurance Company CoCode: 60534 State of Domicile: Florida

ATTN: Legal/Compliance Group Code: 8 Company Type: Life and Health

1776 American Heritage Life Drive

Jacksonville, FL 32224-9983 Group Name: Allstate State ID Number:

(904) 992-1776 ext. [Phone] FEIN Number: 59-0781901

Filing Fees

SERFF Tracking Number: ALST-125818114 State: Arkansas

Filing Company: American Heritage Life Insurance Company State Tracking Number: 40266

Company Tracking Number: FPS4502CAR1 (02/08)

TOI: CR04G Group Credit - Life Sub-TOI: CR04G.003 Single Premium

Product Name: Single Premium Group Credit Life and Disabilty Insurance Program

Project Name/Number: /

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation: \$50 Filing Fee

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

American Heritage Life Insurance Company \$50.00 09/16/2008 22529346

Company Tracking Number: FPS4502CAR1 (02/08)

TOI: CR04G Group Credit - Life Sub-TOI: CR04G.003 Single Premium

Product Name: Single Premium Group Credit Life and Disabilty Insurance Program

Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	09/19/2008	09/19/2008

Company Tracking Number: FPS4502CAR1 (02/08)

TOI: CR04G Group Credit - Life Sub-TOI: CR04G.003 Single Premium

Product Name: Single Premium Group Credit Life and Disabilty Insurance Program

Project Name/Number: /

Disposition

Disposition Date: 09/19/2008

Implementation Date: Status: Approved

Comment:

Rate data does NOT apply to filing.

Company Tracking Number: FPS4502CAR1 (02/08)

TOI: CR04G Group Credit - Life Sub-TOI: CR04G.003 Single Premium

Product Name: Single Premium Group Credit Life and Disabilty Insurance Program

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Application		Yes

Company Tracking Number: FPS4502CAR1 (02/08)

TOI: CR04G Group Credit - Life Sub-TOI: CR04G.003 Single Premium

Product Name: Single Premium Group Credit Life and Disabilty Insurance Program

Project Name/Number: /

Form Schedule

Lead Form Number: FPS4502CAR1 (02/08)

Review	Form	Form Type Form Name	Action	Action Specific	Readability	Attachment
Status	Number			Data		
	FPS4502C	Application/Application	Initial		40	FPS4502CAR
	AR1	Enrollment				1 02.08.pdf
	(02/08)	Form				

				Creditor Beneficiary /Insured Creditor	Certificate Number [C]
S	PRIMARY BORROWER (Called "You")	Age	Date of Birth		Allstate.
С	If Joint Life is elected CO-BORROWER (also called "You")	Age	Date of Birth		Credit Division
	rou)				AMERICAN HERITAGE LIFE
"	Street				INSURANCE COMPANY
E	Address				FIRST COLONIAL
\Box	City				INSURANCE COMPANY
\square	State Zip				(Called "We" or "Us") 1776 American Heritage Life Drive
U	Telephone Numbers:				Jacksonville, FL 32224
	Home: Employment:				odokoonviilo, i E olle i
	Second Beneficiary (Estate-If none named)				
Ε					
1OI	ICE: Any person who knowingly presents a false	or frau	ıdulent claim f	or payment of a loss	benefit or knowingly presents

NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Joint Life Premium	\$	Single Life Pre	emium \$			
Disability		novimum of [60] mag.)	Property Pre			
(Available of ly of the f	Primary Borrower for a m	aximum or [60] mos.)	Property Ins	surea		
Initial Amount of \$ Insurance	Monthly Benefit \$	Term of Insurance Mos.	[7] Day Retroa (To commence w	rith the 1 st day)	al Property w/Theft □	Decreasing Term[
I may cancel my cred premium will be refu outstanding balance or refunded to my design	nded (calculated in on my account. An	accordance with the	e terms of the	certificate) to th	e Creditor to be	applied to the
Proposed Insured Prim	ary Borrower Propos	ed Joint Insurance Bor	rower, If any	Effective Date	I Do Not □	I Want □
X	Age X		Age	Month/Day/Year	Want Insurance	Insurance
Certify answers are tru	y and accurately record	ded on this application	as stated by the	proposed insured B	orrower(s).	
Resident Agent	Р	hone No.		Address		
		(or	attach business	card)		

For specific information about credit insurance issued in conjunction with your loan, contact your creditor or American Heritage Life Insurance Company at [800-858-4570]. For general information or complaints regarding your credit insurance, please contact the Arkansas Insurance Department locally at [501-371-2600] or [1-800-282-9134]. You may write to the Arkansas Insurance Department at 1200 West Third Street, Little Rock, AR 72201.

						Creditor Beneficiary /Insured Creditor	Certificate [C]	Number
PRIMARY BOR	RROWER (Calle	ed "You")		Age	Date of Birth		\sim	stata
		·					All	state.
If Joint Life is elec	cted CO-BORR	OWER (also	called	Age	Date of Birth			Credit Division
"You")							AMERICAN I	_
Sireet							LIFE INSU	_
Address City							COMP FIRST CO	
State			Zip				INSURANCE	COMPANY
Telephone Nun Home:	nbers:		Employment:				(Called "We 1776 American He	
Second Benefic	ciary (Estate-If r						Jacksonville,	
		,	,					
						for payment of a los		
e information in	n an application	on for insur	rance is guil	ty of	a crime and m	ay be subject to fin	es and confineme	nt in prison.
nt Life Premiur	n \$		Single L	ife P	remium \$	3		
	L							
Disabili	ity Premium	\$			Property P	remium \$		
Available only on the P	rimary Borrower for	a maximum of [60] mos.)		Property	Insured		
	Monthly Ber	nefit	Term of		Check Block	for Desired Insurance: J	oint Life ☐ Single Life	e 🗆
mount of \$	Monthly Ber \$	nefit	Term of Insurance		[7] Day Re	for Desired Insurance: Jet payable after)		
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FPS4502CAR1

Authorized Representative of Creditor

Borrower(s)

Date

				AK		•			
						Creditor	Beneficiary d Creditor	Certificate I	Number
PRIMARY BORRO	WER (Called	"You")		Age	Date of Birth			\sim	-1-1-
	(,						W Alls	state.
If Joint Life is elected	CO-BORRO	WER (also o	called	Age	Date of Birth	<u> </u>		C	redit Division
"You")	00 20	(655	74.104					AMERICAN HEI	RITAGE I IE
Street								INSURANCE	_
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City								INSURANCE (Called "We	
State			Zip	<u> </u>				1776 American He	
Telephone Numbe Home:	rs:	F	Employment	t·				Jacksonville,	
Second Beneficiary	v (Estate-If no								
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t Life Freimum	Ψ		Siligle	LIIE	remium [Ψ			
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ailable only on the Prima	ry Borrower for a	maximum of [60] mos.)		Propert	y Insured			
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dent Agent		Ph	one No.			Addr	ess		
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FPS4502CAR1 (2/08) Stk. # AMI552

Date

Borrower(s)

Authorized Representative of Creditor

				Creditor Beneficiary /Insured Creditor	Certificate Number
PRI S	MARY BORROWER (Called "You")	Age	Date of Birth		(W) Allstate
	int Life is elected CO-BORROWER (also called u")	Age	Date of Birth		Credit Division
Add	dress				FIRST COLONIAL INSURANCE COMPANY
D City Sta	te Zip			-	(Called "We" or "Us") 1776 American Heritage Life Drive
Hor	1 2 2			_	Jacksonville, FL 32224
E Sec	cond Beneficiary (Estate-If non named)				
	E: Any person who knowingly presents a fals information in an application for insurance is				
	\$			\$	·
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	ed Insured Primary Borrower Proposed Joint Insur	ance B	ORROWER, If a	any Effective Date	I Want □ I Do Not □

Age Month/Day/Year

Age X

I Want □

Insurance

I Do Not \square

Want Insurance

Company Tracking Number: FPS4502CAR1 (02/08)

TOI: CR04G Group Credit - Life Sub-TOI: CR04G.003 Single Premium

Product Name: Single Premium Group Credit Life and Disabilty Insurance Program

Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

Company Tracking Number: FPS4502CAR1 (02/08)

TOI: CR04G Group Credit - Life Sub-TOI: CR04G.003 Single Premium

Product Name: Single Premium Group Credit Life and Disabilty Insurance Program

Project Name/Number:

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 09/16/2008

Comments:

The applicable information requested under this item are either attached or addressed in teh forms schedule

Attachments:

ARGA1 02.08.pdf READABILITY.pdf

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND DISABILITY INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or disability insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Disability Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Disability Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Disability Insurance Guaranty Association c/o The Liquidation Division 1023 West Capital Little Rock, Arkansas 72201

Arkansas Insurance Department 1200 West Third Street Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net coverage is called the Arkansas Life and Disability Insurance Guaranty Association Act ("ACT"). Below is a brief summary of the ACT's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

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COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or disability insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state:
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.
 The Guaranty Association also does NOT provide coverage for:
- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed
 the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity
 contract;
- Any policy or reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contract holders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentation, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees
 for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit
 plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The ACT also limits the amount the Guaranty Association is obligated to cover. The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 – no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$100,000 in health insurance benefits, \$100,000 in present value of annuity benefits, or \$100,000 in life insurance death benefits or net cash surrender values – again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

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AMERICAN HERITAGE LIFE INSURANCE COMPANY

CERTIFICATE OF READABILITY STATE OF ARKANSAS

I hereby certify that the form(s) listed below have the following readability scores as calculated by the Flesch Reading Ease Test.

FORM NAME FORM# READABILITY SCORE

Individual Application FPS4502CAR1 40.4

Date: September 16, 2008

Howard Taylor Vice President

Market Conduct and Industry Relations